

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FREE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/566,384-Conf. #5532
		Filing Date	January 30, 2006
		First Named Inventor	Brian FROSTRUP
		Examiner Name	V. Rodriguez-Garcia
		Art Unit	4161
TOTAL AMOUNT OF PAYMENT		(\$)	1,520.00
		Attorney Docket No.	2815-0347PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							Small Entity
							Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$) Fee (\$)
Each claim over 20 (including Reissues)							52 26
Each independent claim over 3 (including Reissues)							220 110
Multiple dependent claims							390 195
Total Claims		Extra Claims		Fee (\$)		Multiple Dependent Claims	
11		- 20 or HP		x =		Fee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
1		- 3 or HP		x =			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$) Fee Paid (\$)	
_____		- 100 = _____		/ 50 = _____ (round up to a whole number) x _____ =			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fee Paid (\$)
Other (e.g., late filing surcharge): 1401 Notice of appeal							540.00
1253 Extension for response within third month							980.00*

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	June 1, 2009

*An extension fee of one (1) month was previously requested and paid for on March 31, 2009 in the present application. Thus, a fee of \$980.00 is required to obtain an additional two (2) months extension.